

1. CIR./DIST./DIV. CODE FLS	2. PERSON REPRESENTED Martinez, Adriano		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER 0.00-006360-013		4. DIST. DKT./DEF. NUMBER 0.00-006360-013	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) United States v. Anaya (Dimitrouleas)		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESEN (See instructions) Criminal MAG. SEC. <i>6/1</i> D.C.		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 1) 18 659 F - INTERSTATE OR FOREIGN SHIPMENT BY CARRIER				JAN 9 2001		
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) GOLEMBIE, STEPHEN J. SUITE 1400 2601 S BAYSHORE DR COCONUT GROVE FL 33133		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Sub For Federal Defender <input type="checkbox"/> P Sub For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Relocation/Divorce FLA. MIAMI <input type="checkbox"/> Y Standby Counsel		CLARENCE MADDOX CLERK U.S. DIST. CT. MIAMI		
Telephone Number:		Prior Attorney's Name: Appointment Date:  <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (Specify): <i>Attala M. Drumm</i>				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		Signature of Presiding Judicial Officer or By Order of the Court <i>Attala M. Drumm</i> Date of Order <i>12/27/00</i>		Notice Pre-Trial Date <i>12/27/00</i>		
15. CATEGORIES (Attach itemization of services with dates)		16. HOURS CLAIMED	17. TOTAL AMOUNT CLAIMED	18. MAG. JCTC ADJUSTED HOURS	19. MAG. JCTC ADJUSTED AMOUNT	20. ADDITIONAL REVIEW
a. Arraignment and/or Plea						
b. Bail and Detention Hearings						
c. Motion Hearings						
d. Trial						
e. Sentencing Hearings						
f. Revocation Hearings						
g. Appeals Court						
h. Other (Specify on additional sheets)						
16. O ut o ut C o ut C o ut						
a. Interviews and Conferences						
b. Obtaining and reviewing records						
c. Legal research and brief writing						
d. Travel time						
e. Investigative and Other work (Specify on additional sheets)						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYER FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.		Date: _____				
Signature of Attorney: _____						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE		